

MAY 09 2018

# Must Be Submitted Through the Law Library or Designee Inmate/Offender Grievance Process REQUEST TO STAFF

Exhibit 1  
Page 1 of 10

LAW LIBRARY

TO: Chief of SecurityFACILITY/DIST/UNIT: NECCDATE: 5-2-18

(NAME AND TITLE OF STAFF MEMBER)

I have      have not ✓ already submitted a "Request to Staff" or grievance on this same issue.If yes, what date:                      facility:                      grievance #:                     I affirm that I do      do not ✓ have a grievance pending on this issue.I affirm that I do      do not ✓ have a lawsuit of any type pending that relates in any way to this issue.If a lawsuit is pending, indicate case number and court:                     This request      does ✓ does not relate to a pending misconduct report. If it does, this request may only be answered by the disciplinary coordinator assigned to the misconduct.

**SUBJECT:** State completely, but briefly, the problem on which you desire assistance. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per "Request to Staff." Your failure to specifically state your problem may result in this being returned unanswered.

On 5-1-18 there was an institutional shutdown. I receive my dail medical  
injection for my chronic illness early in the morning along with the  
diabetics. However on 5-1-18, there was not an a.m. insulin line  
because of the institutional shutdown. And for some unknown reason (over)  
(USE OTHER SIDE IF MORE SPACE IS NEEDED. DO NOT ATTACH ADDITIONAL PAGES.) (over)

**ACTION REQUESTED:** State exactly how you believe your request may be handled; that is, what exactly should be done and how.

Please ensure that officers are properly trained on the proper  
procedure are in place. And \$10,000 for the pain  
and suffering.

NAME: Kent Savage (PRINT) DOC NUMBER: 646862 UNIT & CELL NUMBER: ES-111SIGNATURE: Kent Savage WORK ASSIGNMENT: Unassigned (Program)

DO NOT WRITE BELOW THIS LINE

DISPOSITION:

Thank you for this information. Denied for request  
of \$10,000.

STAFF MEMBER

DATE

RETURNED

MAY 09 2018

LAW LIBRARY

Date response sent to inmate:                     

1. Original to file
2. Copy to inmate/offender

DOC 090124D (R 9/16)

the nurses did not deliver my medication. I notified the correctional officer on my unit (Sanchez), that I had not received my medication before I received breakfast and asked him to follow up with medical. He replied that he would. I continued to remind him each time I saw him and put a sign in my cell door window as a reminder. I even offered to give him a paper note to help remind him, he declined the note and stated he would remember. At about 4:45 pm a medical Assistant (M.A.) came to the unit to deliver pills. Sanchez indicated that he had just notified the M.A. (Phil). Phil stated that he had notified the nurse on duty. He then said, ~~he~~ she responded with an expletive and that it was too late to administer the medication. If the correctional officer Sanchez had taken 30 seconds ~~instead of this~~ to notify medical earlier in the day I would have received my daily medication. This is the epitome of deliberate indifference and lack of proper training. ~~Or~~ Or an example of punishing the well behaved. vs. rewarding the ill behaved.

INMATE/OFFENDER GRIEVANCE

Grievance/Appeals

Grievance no. 18-100

Grievance code: 4

Response due: 6-6-18

MAY 17 2018

NFCC

DO NOT WRITE ABOVE THIS LINE

Date 5-16-18

Facility or District NFCC

Name Kent Savage  
(Print)

Facility Housing Unit ES-111

ODOC Number 646862

Date "Request to Staff" response received: 5-10-18

Have you previously submitted a grievance on this same issue? No If yes, what date \_\_\_\_\_, facility \_\_\_\_\_, grievance # \_\_\_\_\_. You must submit this completed original within 15 days of the receipt of the response to the "Request to Staff". The "Request to Staff" must have been submitted within 7 days of the incident. Do not include/attach anything to this grievance except the "Request to Staff" including the response. You may quote from or make reference to statutes, operations, field, or administrative memoranda, department publications (time sheets, inventory forms, assessments, etc.). You will be permitted only one opportunity to correct any error(s) made in submitting your grievance.

1. The nature of your complaint. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per grievance. Use backside of this page only, if necessary. On 5-2-18, I submitted a Request to Staff (RTS) via the law library to the Chief of Security. This RTS complained of me not receiving my daily medication because the correctional officer had not been trained to put a request for medication as a priority and failed to notify medical of the missed medication early in the day when (over)
2. Informal action taken (including dates) to resolve the complaint, as well as the names of those employees from whom you sought an answer to your grievance.

On 5-2-18 a Request to Staff (RTS) was sent to the Chief of Security via the law library. (See Attached)

3. The action you believe the reviewing authority may lawfully take.  
Please ensure that officers are properly trained on procedures are in place. And \$10,000 for the pain and suffering.

Grievance report sent to (warden/district supervisor/correctional health services administrator):

Name Jimmy Martin

Title Warden

Signature of Grievant Kent Savage

Date Sent to Reviewing Authority 5-16-18

1. Original to file
2. Copy to inmate/offender

DOC 090124A (R 7/16)

he was first notified and reminded. This R.T.S. requested that officers be trained to take a medical request seriously, and/or procedures be put in place to do this. It also requested a payment of \$10,000.

On 5-8-18, the response to the RTS was answered but not received by the inmate until 5-10-18. The response stated, "Thank-you for this information. Denied for request of \$10,000." ~~The~~ This response only identifies or acknowledges the problem and does nothing to fix the problem.

**Grievance Decision from Reviewing Authority**

Exhibit 1  
Page 5 of 10

Offender Name: Savage, Kent DOC Number: 646862  
Receipt Date: 5-17-18 Grievance Category Code: 4 Grievance Number: 18-100

- |                   |                             |                         |             |                                    |
|-------------------|-----------------------------|-------------------------|-------------|------------------------------------|
| 1. Discrimination | 3. Complaint against staff  | 5. Disciplinary process | 7. Medical  | 9. Records/sentence administration |
| 2. Classification | 4. Condition of confinement | 6. Legal                | 8. Property | 10. Religion                       |

**Decision:**

The Request to Staff that is attached was answered by Chief of Security and it states "Thank you for this information. Denied for request of 10,000.00."

**RELIEF DENIED.**

\_\_\_\_\_  
Reviewing Authority – Facility Health Services Admin (medical issues)

\_\_\_\_\_  
Date

5-24-18

\_\_\_\_\_  
Review Authority – Facility/District/Unit Head

\_\_\_\_\_  
Date

I have received a copy of the decision of the reviewing authority.

\_\_\_\_\_  
Signature of Grievant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Witness and Printed Name of Witness

\_\_\_\_\_  
Date

You may appeal to the Administrative Review Authority at Department of Corrections, P.O. Box 11400, Oklahoma City, OK 73136-0400 or Chief Medical Officer at 2901 N. Classen Blvd, Suite 200, Oklahoma City, OK 73106, within 15 calendar days of the receipt of response using only DOC Form 060125V entitled "Misconduct/Grievance Appeal To Administrative Review Authority." Do not send this decision to the Administrative Review Authority or Chief Medical Officer.

1. Original to file
2. Copy to offender

DOC 090124B (R 11/14)

JOE M. ALLBAUGH  
DIRECTOR

Exhibit 1  
Page 6 of 6



OFFENDER COPY

ES-111B

MARY FALLIN  
GOVERNOR

STATE OF OKLAHOMA

OKLAHOMA DEPARTMENT OF CORRECTIONS  
NORTH FORK CORRECTIONAL CENTER

Date: June 18, 2018  
To: Savage, Kent 646862  
Location: ES-111B  
From: Jimmy Martin, Warden

Your Grievance NFCC 18-100 Amended is being unanswered for the following reason(s):

- ☒ Per Inmate/Offender Grievance Process OP- 090124; Grievances shall not be submitted requesting monetary compensation.
- ☐ Signature of Grievant and Name and Title of Grievance report sent to is not affixed to grievance.
- ☐ Per Inmate/Offender Grievance Process OP- 090124 IV.C.11 "If there has been no response in 30 days, but no later than 60 days, of submission, the inmate may file a grievance to the reviewing authority with a copy of the "Request to Staff" attached to the grievance form."
- ☐ This is not an Emergency Grievance.
- ☐ Per Inmate/Offender Grievance Process OP- 090124 -Inmate must be specific for the nature of complaint and dates and times of incidents.
- ☒ PER OP-090124: You will have 10 days from receipt of this form to properly submit a grievance with a corrected procedural error.

**NOTE:** Abuse of the grievance process as explained in section IX of OP-090124, will result in restrictions being imposed.

**WARNING:** All of the above can be found in OP-090124, and it is your responsibility to read and follow the OPS.

Kent Savage  
Inmate Signature

6/19/18  
Date

Brand Holt  
Staff Signature

6/19/18  
Date

JOE M. ALLBAUGH  
DIRECTOR

Exhibit 1  
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MARY FALLIN  
GOVERNOR



STATE OF OKLAHOMA  
OKLAHOMA DEPARTMENT OF CORRECTIONS  
ADMINISTRATIVE REVIEW AUTHORITY

June 11, 2018

SAVAGE, KENT #646862  
NFCC 18-100

Mr. Savage,

Your grievance is being reviewed. Based on the information provided to this office, I have forwarded your grievance to the Warden at NFCC for further review and investigation. An amended response will be provided by the reviewing authority within twenty (20) days of receipt of this request.

If, after receiving and reviewing the amended response, you believe that you have grounds for an appeal as specified on OP-090124 entitled "Inmate/Offender Grievance Process" section VII.A., you may do so within the guidelines stipulated in policy.

Sincerely,

*Mark Knutson*

Mark Knutson, Director's Designee

The inmate/offender received a copy of this response \_\_\_\_\_  
Signature and date

*Rec'd 6-18-18 @ 7:20 p.m.*

Corrected  
INMATE/OFFENDER GRIEVANCE

Grievance/Appeals

JUN 21 2018

NFCC

Grievance no. 18-111

Grievance code: 3

Response due: 7-11-18

DO NOT WRITE ABOVE THIS LINE

Date 6-20-18

Facility or District NFCC

Name Kent Savage  
(Print)

Facility Housing Unit ES-111

ODOC Number 646862

Date "Request to Staff" response received: 5-10-18

Have you previously submitted a grievance on this same issue? Yes If yes, what date 5-16-18, facility NFCC, grievance # 18-100. You must submit this completed original within 15 days of the receipt of the response to the "Request to Staff". The "Request to Staff" must have been submitted within 7 days of the incident.

Do not include/attach anything to this grievance except the "Request to Staff" including the response. You may quote from or make reference to statutes, operations, field, or administrative memoranda, department publications (time sheets, inventory forms, assessments, etc.). You will be permitted only one opportunity to correct any error(s) made in submitting your grievance.

1. The nature of your complaint. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per grievance. Use backside of this page only, if necessary. On 5-2-18, I submitted a Request to Staff (RTS) via the law library to the Chief of Security. This RTS complained of me not receiving my daily medication because the correctional officer had not been trained to put a request for medication as a priority and failed to notify medical (even).
2. Informal action taken (including dates) to resolve the complaint, as well as the names of those employees from whom you sought an answer to your grievance.

On 5-2-18, a Request to staff (RTS) was sent to the Chief of Security via the law library. (See attached)

3. The action you believe the reviewing authority may lawfully take.

Please ensure that officers are properly trained or procedures are in place to prevent inmates, such as myself, from being denied their medication.

Grievance report sent to (warden/district supervisor/correctional health services administrator):

Name Jimmy Martin

Title Warden

Signature of Grievant Kent Savage

Date Sent to Reviewing Authority 6-20-18

1. Original to file
2. Copy to inmate/offender



of the missed medication early in the day when he was first notified and reminded. This RTS requested that officers be trained to take a medical request seriously and/or procedures be put in place to do this.

On 5-8-18, the response to the RTS was answered but not received by the inmate until 5-10-18. The pertinent response stated, "Thank-you for this information. This response only indicated or acknowledges the problem and does nothing to fix the problem."

I proceeded to appeal this grievance and receive a response from the appeal that stated the response to the grievance would be amended.

The amended grievance response stated that I had an error in my original grievance and that I had 10 days to correct the error. The amended response was received on 6-14-18.

## Grievance Decision from Reviewing Authority

Offender Name: Savage, Kent DOC Number: 646862  
 Receipt Date: 6/21/18 Grievance Category Code: 3 Grievance Number: 18-111

- |                   |                             |                         |             |                                    |
|-------------------|-----------------------------|-------------------------|-------------|------------------------------------|
| 1. Discrimination | 3. Complaint against staff  | 5. Disciplinary process | 7. Medical  | 9. Records/sentence administration |
| 2. Classification | 4. Condition of confinement | 6. Legal                | 8. Property | 10. Religion                       |

**Decision:**

Mr. Savage,

Facility operations tend to be stressful and trying for both staff and inmates during a facility search. I agree staff should ensure the receipt of all inmate medications. I will ensure that medical has a plan of action to deliver all medications as scheduled when we have our next facility shakedown.

**RELIEF GRANTED.**

\_\_\_\_\_  
 Reviewing Authority – Facility Health Services Admin (medical issues)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Review Authority – Facility/District/Unit Head

\_\_\_\_\_  
 Date

I have received a copy of the decision of the reviewing authority.

\_\_\_\_\_  
 Signature of Grievant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Staff Witness and Printed Name of Witness

\_\_\_\_\_  
 Date

You may appeal to the Administrative Review Authority at Department of Corrections, P.O. Box 11400, Oklahoma City, OK 73136-0400 or Chief Medical Officer at 2901 N. Classen Blvd, Suite 200, Oklahoma City, OK 73106, within 15 calendar days of the receipt of response using only DOC Form 060125V entitled "Misconduct/Grievance Appeal To Administrative Review Authority." Do not send this decision to the Administrative Review Authority or Chief Medical Officer.

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